

<b>Case Number:</b>	CM14-0026688		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	11/09/2009
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in General Surgery and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 48-year-old male who reported an injury on 11/09/2009. The mechanism of injury was not documented within the clinical notes. The injured worker's diagnoses included hernia repair. The injured worker's past treatments included surgical intervention for hernia repair. There was no official diagnostic imaging study submitted for review. The injured worker's surgical history was noted to include ventral hernia repair performed on 12/08/2010 and incisional hernia repair performed on 01/13/2011. There were no subjective complaints on 08/20/2013. The physical exam noted that the patient is wearing an abdominal binder, of which the patient states helps with abdominal discomfort. The injured worker's medications were not documented within the clinical notes. The treatment plan was not documented within the clinical records. A request was received for hernia repair. The rationale for the request was not documented within the clinical notes. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Hernia Repair:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment for Workers' Compensation, Hernia Procedure Summary, last updated 07/08/2013.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hernia, Surgery.

**Decision rationale:** The Official Disability Guidelines criteria for hernia repair indicate a hernia must be detected on routine physical examination. There was a lack of documentation in the clinical notes that a hernia was present during the physical examination. In absence of the above information the request is not supported by the evidence based guidelines. As such, the request for Hernia Repair is not medically necessary.